



Ag Rialáil Gairmithe Sláinte
agus Cúraim Shóisialaigh
Regulating Health +
Social Care Professionals

The Development of a framework for Continuing Professional Development standards and requirements for Registrants under the Health and Social Care Professionals Act 2005 (as amended)

Contents

| Chapter | Page No. |
|---|-----------------|
| Introduction | 4 |
| <ul style="list-style-type: none">• Background• Methodology• Commentary – aspects of potential interest• Recommendations: Principles for the development of a CPD Model• References• Acknowledgements | |
| Case studies 1: CPD provision by healthcare and non-healthcare agencies with a regulatory function in Ireland | 14 |
| <ul style="list-style-type: none">a. An Bord Altranaisb. Chartered Accountants Irelandc. Medical Councild. Pharmaceutical Society of Irelande. Royal Institute of Architects of Ireland | |
| Case studies 2: Regulatory bodies in international context | 34 |
| <ul style="list-style-type: none">a. Australiab. Ontario, Canadac. South Africad. United Kingdom | |
| Case studies 3: Table showing current CPD provision by professional bodies of designated professions | 52 |
| <ul style="list-style-type: none">a. Academy of Medical Laboratory Scienceb. Association of Clinical Biochemists in Irelandc. Association of Occupational Therapists of Irelandd. Association of Optometrists Irelande. British and Irish Orthoptics Societyf. Institute of Chiropodists and Podiatristsg. Irish Association of Dispensing Opticiansh. Irish Association of Orthoptistsi. Irish Association of Social Care Workersj. Irish Association of Social Workersk. Irish Association of Speech and Language Therapistsl. Irish Institute of Radiography and Radiation Therapym. Irish Nutrition and Dietetics Instituten. Irish Society of Chartered Physiotherapistso. Pre-Hospital Emergency Care Councilp. Psychological Society of Irelandq. Society of Chiropodists and Podiatrists of Ireland | |

| | |
|---|----|
| List of acronyms | 57 |
| Appendix 1 | 58 |
| Questionnaire for professional bodies of designated professions | |

Introduction

Background

The purpose of this report is to provide some insight into the provision and regulation of continuing professional development (CPD) amongst the designated professions under the Health and Social Care Professionals Act 2005 (Act) and a selection of national and international regulatory agencies, primarily in the health sector. The research is designed to inform the development of a uniform but flexible system of CPD designed to accommodate the diversity of health and social care professions under the remit of the Act.

The terms of reference of the Phase 1 - Research were to:

- Research existing CPD systems currently being operated for the 12 designated professions;
- Research CPD systems amongst other professions in Ireland;
- Research CPD systems and trends in the international regulatory context.

The outcome was to report on the findings and to make recommendations for consideration by the Registration and Education Committee (REC) and the Council. The recommendations take the form of principles for the development of a CPD model for the designated professions.

The next phase of this project (Phase 2) is the development of a CPD model which will be presented to the REC and the Council for consideration. The model will be issued for consultation with the relevant stakeholders before it is finally presented to the REC and the Council for ratification. The final stage of the project is the development of guidance/support documentation for registrants.

Regulatory context

The purpose of statutory registration is 'to protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions (HSCPA, 2005). Part 3 of the Act enumerates as one of the functions of a registration board 'to give guidance and support' to registrants in relation to continuing professional development.

The Framework for a Common Code of Professional Conduct and Ethics confirms the responsibility of each registrant to keep their knowledge, skills and performance up to date, of a high standard and relevant to their practice. According to the Code registrants must maintain and develop their professional competence by participating in continuing professional development (Section 3 Standards of Performance).

Continuing Professional Development (CPD)

There is no universally accepted definition of CPD. However, it is generally understood to refer to all the activities undertaken by professionals, following completion of the relevant undergraduate or postgraduate studies, which enables

them to maintain and improve their professional practice. CPD is a continuing process, its purpose is to improve the safety and quality of care provided for patients/clients and the public.

Methodology

Selection of cases

Cases were selected in the light of the agreed brief, with particular attention paid to systems that offer varied approaches to the regulation of CPD. The case studies selected from national and international agencies all have a regulatory function and offer valuable insight into feasible and or/instructive approaches.

The survey of the professional bodies of the designated professions under the auspices of the Health and Social Care Professionals Act, 2005 was carried out using a questionnaire which was sent electronically to the CPD Officer or nominated person in each organisation.

Sources

Web-based material was the primary source of information for this review. The level of transparency associated with CPD means that a significant amount of information can be gleaned online. A range of public documents such as reports and guidelines were a valuable supplementary source of information.

The availability of published information in the English language, for a desk review, was significant factor. Interviews – face-to-face or telephone – were conducted where possible to elaborate on the CPD processes and models and to gain feedback on draft reports. The accuracy of the reports is subject to the scope and currency of data and the availability of feedback from informed sources.

Format of case studies

For each case study some background information is provided, primarily relating to the role of the organisation and the legislative basis for its functions. Key features of CPD regulation are identified in each case for ease of reference. The individual case studies present the definition of CPD adopted by the agency; a summary of CPD policy, with particular emphasis on the requirements for individual registrants; a description of the quality assurance procedures in operation and a list of supports for registrants/education providers/employers provided by the agency. Each case study concludes with a list of sources and further reading. The survey of professional bodies is presented in table format and identifies the current role of the professional body in relation to CPD; the operation of existing CPD schemes (if relevant); compliance procedures for members and quality assurance procedures for courses and programmes; supports for members and finally ongoing developments in relation to CPD within the organisation.

Commentary – aspects of potential interest

The review of national and international policy and practices in relation to CPD regulation was prepared with a view to identifying the kind of information that could inform the development of an appropriate CPD model for the designated professions. Reviews of the policies and practices of other regulatory bodies are illuminating in that they identify and enable us to consider different approaches. The case studies presented in this review are descriptive in nature and no commentary on the merits or otherwise of each system is offered. Each has its strengths and limitations and many are still under development and subject to review. It is useful however to draw attention to some features of potential interest that might inform the development of a CPD model for health and social care registrants.

- 1. Protection of the public** is at the core of health regulation. This aim is achieved through setting minimum education and competency standards, assessing applicants for regulation and setting guidelines and standards for continuing professional competence and continuing professional development. Protection of the public is the explicit mandate of regulatory authorities in the relevant enabling legislation both in the international context (Australia; Canada; South Africa; UK) and at national level (Medical Council; PSI; An Bord Altranais).
- 2. There is no single agreed definition of Continuing Professional Development (CPD).** The key features of CPD in the health regulation case studies include:
 - CPD involves the maintenance and improvement of knowledge, skill and competence
 - CPD involves the maintenance and development of personal and professional qualities required by the registrant's scope of practice
 - CPD should address current and emerging health needs
 - CPD should ensure that the public interest will always be promoted and protected.

In the small sample of non-health care case studies the key features relate to the process of lifelong learning and the maintenance of competency and personal qualities necessary for the execution of their role (RIAI; Chartered Accountants Ireland). The development of a CPD model requires consensus on the objectives of CPD and the overarching driver of CPD (patient safety, improved patient outcomes, maintenance of competency, pursuit of excellence, development of specialism ...). Consideration might usefully be given to the 'value-added' of CPD as a mandatory element of continued registration.

- 3. Approaches to the regulation of CPD varies** depending upon whether the regulatory body is responsible for regulating a single profession (PSI) or a number of professions. The HCPC (UK), as an example, currently regulates

16 professions. The HPCSA (South Africa) regulates 12 professions. The HCPC and the HPCSA have developed **standards for CPD**. The standards are a single uniform, but flexible, set of the requirements for each registrant in relation to CPD, designed to accommodate the diversity of health and care professions under their remit. In contrast, in Australia, National Boards are responsible for regulating individual health professions and it is the National Board that details the Registration Standards for each profession. Similarly, in Ontario, Canada, regulatory Colleges for the professions are responsible for the development of a quality insurance programme, which includes CPD, for each profession.

4. There are broadly speaking two **models for CPD** – the input model and the output model. The case studies illuminate the two approaches. The **input model** usually involves the accumulation of a minimum number of hours annually or a certain number of hours over a longer period of time, with a minimum each year. A system of credits/points or Continuing Education Units (CEUs) operates in the same way. Credits/points or CEUs are awarded for different activities undertaken by the participant, usually 1 hour of input = 1 credit. A development of the credits system involves assigning credits to each type of activity with some activities counting for more credits than others (Australia; South Africa).

The input model is often the preferred choice of professional bodies where the focus of CPD is on supporting personal and professional development and where participation in CPD generally operates on a voluntary, if recommended, basis (see results of survey of professional bodies). The input model, in its simplest form, is relatively easy to understand, implement and monitor. Its main drawback is that it does not measure what outcomes, for example, changes in behaviour or practice, may have resulted from the learning (Chartered Accountants Ireland). As a result the regulator has no way of knowing if competencies are being maintained or if the level of patient safety and service is being improved.

The **output model** involves the individual professional self-assessing their practice and their personal and professional needs. The professional then develops a personal learning plan. Implementation of the learning plan is followed by reflection to identify what learning has taken place and the impact of the learning on practice. The general trend is towards a CPD model that has a number of stages, theoretically based on Kolb's Cycle of Experiential Learning. The stages generally include: planning – action – results – reflection - demonstration. An advantage of this system is that it is a systematic, self-directed system where the professional is actively involved at every stage (UK; PSI). A further advantage of the output model is that it sends a signal to the various stakeholders (patients, public, professionals and employers) that the registration body/profession takes the maintenance of competence and the development of knowledge, skills and competence

seriously. The output model easily accommodates the full range of learning styles and activities, formal, informal and incidental.

On the other hand the measurement of outputs is a complex matter and it places significant demands on regulatory bodies who try to operate it. It involves the development of valid audit procedures, the selection and training of peers in the audit process and the selection of appropriate numbers of professional portfolios for audit. The development of customised electronic systems is making the collection and measurement of evidence of continuing competence and professionalism more achievable and it is likely that developments will continue apace in the area.

There is a 'third' or a 'hybrid' model which involves a combination of the input and output models. This model allows participants to engage in a self-directed assessment of needs followed by the development of a personal learning plan. The standard sets out the minimum number of credits required annually or over a longer period. The participant is required to reflect on the activities undertaken and to identify the impact of the learning activity on their practice and service.

This hybrid model allows participants achieve a combination of structured and unstructured CPD inputs, measured in credits or hours in a given year, together with evidence to demonstrate achievement of outcomes to sustain professional competence (Medical Council).

Another variation of a combination approach is a mix of self-assessment and professional development, involving a self-directed learning tool together with an annual online test of knowledge and a peer and practice assessment (Ontario, Canada).

5. The **recording of CPD** provides a significant challenge for any professional or regulatory body. The general trend is towards web-based recording and assessment systems. These systems use available technology to its full potential providing interactive online portfolios and assessment tools. Some bodies still produce paper based alternatives to online provision but this is likely to become less and less necessary over the coming years. Online systems allow for regular contact with registrants/members prompting them to update their portfolios, they can be designed to allow entries based on the CPD cycle (planning-action-evaluation-reflection) in addition to offering online support materials, online helpdesks, updates etc. (HCPC; RIAI; PSI).
6. Traditionally the **range of CPD activities** was quite narrow with emphasis on courses provided by or approved by professional bodies and courses leading higher qualifications run by higher education institutions. The regulatory bodies in the case studies increasingly recognised a broad range of learning activities as valid for CPD. Categorisations abound, for example:
 - Formal and Non-formal or incidental learning (Australia)

- Level 1 (no measurable outcome and non-continuous); Level 2 (teaching, training, research or publications work) and Level 3 (structured learning opportunities) (South Africa)
- Work-based learning; Professional activity; Formal education; Self-directed learning (UK)
- Structured and Unstructured (Chartered Accountants Ireland, RIAI)
- External (maintenance of knowledge and skill) and Internal (practice evaluation and development) (Medical Council).

The pattern is for a 'range of learning activities' to be the standard requirement for professionals. Other forms of CPD activity, though less common, include knowledge and assessment tests, for example the Jurisprudence Knowledge and Assessment Tool (JKAT) at the College of Dietitians, Ontario and peer and practice reviews (College of Medical Laboratory Technologists in Ontario; South Africa; PSI).

7. The issue of **compliance** is central to CPD when one considers the objectives that regulatory bodies have for CPD - maintenance of professional competence, protection of the public and meeting the current and emerging needs of the health and care system. The case studies provide a range of approaches to the issue of compliance. A system of 'light control' exists in South Africa (HPCSA) where the model is based on trust. The HPCSA believes that health professionals will commit to meeting the CPD requirements (30 CEUs in each 12 month period) in the belief that their patients/clients will reap the benefits of ongoing learning and personal and professional development. Random compliance checks are carried out by the HPCSA. In the UK registrants selected for random audit are required to complete a CPD profile, showing how they have met the CPD standards. The CPD profile includes a description of practice history, a written statement identifying how they have met the standards plus written and documentary evidence to support their statement. The system is based on the outcomes of learning not on a number of hours or credits accrued. Two assessors assess each file and advise if the standards have been met. A more elaborate quality assurance system operates in College of Dietitians in Ontario. In this case each member of the college submits a web-based Self-Directed Learning Tool each year. In addition, each member completes an online knowledge acquisition and assessment tool (JKAT) annually. Finally, 9-10% of members are randomly selected annually for Peer and Practice assessment – a multi-source feedback that collects information about the members practice from peers, colleagues and patients (if applicable) by means of a validated survey.

The key question that arises in relation to the selection of a compliance procedure for CPD is how to assure the public of the continuing competence of health and care professionals. Various tools are available and used in audit/monitoring/quality assurance processes, including, Personal Audit Tools (a checklist against competencies); professional portfolios; e-learning portfolios, declarations of compliance by registrants/members and practice

reviews. Decisions to be made in relation to compliance evaluation/measurement include the measurement of the different stages of the CPD cycle, the standards for grading CPD portfolios, the percentage of portfolios to ensure that there is a valid sample size in a random sampling process and the duration of the review cycle.

8. CPD is mandatory for continued registration in all of the case studies in this review (national and international regulatory bodies). It follows that there must be sanctions or other follow-up actions in the case of **non-compliance** with the regulations/standards. Failure to comply usually results in sanctions on a sliding scale of severity. Examples from the case studies include:
 - Additional time being given for registrant/member to comply;
 - Suspension until proof of compliance is provided;
 - Requirement to undergo a professional assessment/practice review/examination;
 - Refusal to register or imposition of a condition on registration;
 - Refusal of practising rights;
 - Disciplinary action.

9. There is some divergence in practices in relation to the quality assurance or accreditation of **CPD providers** between the professional bodies and the regulatory bodies. In the main professional bodies have a major role in the provision of CPD for members, either as direct providers or in the approval of providers and courses/learning activities. Regulatory bodies, on the other hand, do not generally offer education and training courses. Some have statutory responsibility to approve educational providers and education courses (An Bord Altranais). Others devolve the responsibility for provision of professional development to a separate body (Medical Council, PSI). Where a regulatory body takes a role in the approval of CPD providers, for example a professional body, then it is important that there are criteria and guidelines for the approval of such providers.

10. Finally, the issue of **supporting and enabling CPD** merits mention. For professionals to 'buy-in' to new standards, they need to be supported, resourced and encouraged. There are several agents in the process: the individual professional who needs to be equipped with information, tools and access to relevant CPD activities; the employer who needs to be informed of the benefits and spin-off from relevant, needs-based CPD and thus see how professional can be supported at work and the education providers who should be aware of the standards and thereby develop CPD activities that meet the standards. The case studies provide examples of the kinds of supports that are provided for registrants. Examples include seminars/webinars for professional groups to explain the CPD policy and process; guidance and support documents for registrants; CPD tools and sample completed profiles; CPD evidence examples and online support/helpdesk and information for other stakeholders.

Recommendations

Principles for the development of a Continuing Professional Development model for the designated professions

The review of CPD provision and regulation at national and international levels has provided insight into current practice and the evolving nature of CPD. It has highlighted how CPD can empower the individual and lead to improved patient safety and care and at the same time meet the personal and professional needs of the individual and the evolving needs of the health and social care systems. The case studies have shown how a system can be developed that is flexible, relevant to context of practice and if designed properly does not have to be overly onerous on the individual. On the other hand the case studies have also shown that the introduction of new, regulatory CPD requirements is challenging for professionals and requires appropriate guidance and on-going support for professionals and information for other stakeholders, especially employers.

Based on the review of national and international systems and a limited literature review the following principles for the development of a Continuing Professional Development Model for the designated professions are proposed:

1. CPD is a requirement under the Code of Professional Conduct and Ethics. The CPD model should include all registrants of the designated professions regardless of occupational role, career stage or employment sector. Standards should be established, setting out the minimum CPD requirements for registrants.
2. The CPD model should be directed towards the protection and safety of the public, the improvement of patient care and the maintenance and development of the professional competence of registrants.
3. The model should provide a cost-effective, systematic, cyclical and structured process for maintaining professional competence. It should include a self-directed review of competence, the development of learning objectives and a learning plan, critical review of progress towards meeting the learning objectives and self-reflection on the subsequent impact on practice.
4. Each health and social care professional bears ultimate responsibility for both maintaining and demonstrating professional competence (as guided by the Act, the Standards of proficiency and the Code of Professional Conduct and Ethics).

5. The CPD model should reflect the fact that professionals at different stages of their careers have different professional development needs and that maintaining competence is a process that continues over the course of an entire career, adapting to changes in practice, professional activities and the needs of the health and social care system.
6. A broad, flexible range of learning styles and activities should be recognised for CPD purposes, including work-based activity, professional activity, formal education and self-directed learning. Registrants should engage in a balance of such learning activities.
7. The CPD model should be easy to follow and understand. The design of the model should be flexible so that CPD can be tailored to individual needs and integrated with workplace requirements, professional tasks and roles. Documentation of CPD should be clear and concise, maximising the use of electronic technology.
8. Compliance with the CPD scheme should be confirmed by an annual declaration that the professional has met the CPD standards during the previous year and that they continue to be competent to practise. A percentage of registrants CPD records should be audited annually either in a randomly selected (general audit) or from specifically targeted groups of practitioners (targeted audit). The proportion of registrants involved in the audit process should be of a size to give confidence that it is representative and effective.
9. Registrants should be supported by the provision of clear guidance materials and supports.
10. The CPD model and its governance should be developed in collaboration and consultation with the relevant stakeholders and referenced against best practice in Ireland and internationally.

References

Allied Health Professionals Project. 2002. *Demonstrating Competence through CPD*. Retrieved September 15, 2012

(http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/consultations/closedconsultations/DH_4071458).

Friedman, Andy and Susannah Woodhead. 2008. *Approaches to CPD Measurement*. Bristol: Professional Associations Research Network.

General Medical Council. 2011. *Review of GMC's Role in Doctors' Continuing Professional Development: Final Report*. London: GMC.

Health Service Executive. 2012. Health and Social Care Professionals Education and Development Advisory Group *Continuing Professional Development Statement*. Dublin: HSE.

Health Service Executive Therapy Project Office. 2008. *Individual CPD Planning Tool*. Dublin: HSE.

Kolb, D. A. 1984. *Experiential Learning*, Englewood Cliffs. NJ: Prentice Hall.

Pharmaceutical Society of Ireland. 2010. *Review of International CPD Models*. Dublin: PSI.

Acknowledgements

I wish to express my appreciation to the following for their assistance in the process of completing the national case study reports: Beckie Barlow (Chartered Accountants Ireland), Grainne Behan (Medical Council), Sandra Campbell (RIAI), Lorraine Horgan (PSI) and Thomas Kearns (An Bord Altranais).

I acknowledge the cooperation of each the professional bodies in the timely completion of the survey: Academy of Medical Laboratory Science, Association of Clinical Biochemists in Ireland, Association of Occupational Therapists of Ireland, Association of Optometrists Ireland, British and Irish Orthoptic Society, Institute of Chiropodists and Podiatrists, Irish Association of Dispensing Opticians, Irish Association of Orthoptists, Irish Association of Social Care Workers, Irish Association of Social Workers, Irish Association of Speech and Language Therapists, Irish Chiropodists/Podiatrists Organisation, Irish Institute of Radiography and Radiation Therapy, Irish Nutrition and Dietetic Institute, Irish Society of Chartered Physiotherapists, Pre-hospital Emergency Care Council, Psychological Society of Ireland and the Society of Chiropodists and Podiatrists of Ireland.

Case Studies 1: CPD provision by healthcare and non-healthcare agencies with a regulatory function in Ireland

An Bord Altranais

| | |
|---|---|
| <p>About the organisation</p> | <p>An Bord Altranais (the Nursing Board) is the statutory regulatory body for the nursing and midwifery professions, with responsibility for the registration, regulation and education of nurses and midwives in Ireland. The functions of An Bord Altranais are defined in the Nurses Act, 1985.</p> <p>Its many functions relate to the promotion of high standards of professional education and training and professional conduct among nurses/midwives including:</p> <ul style="list-style-type: none"> • The maintenance of the Register of Nurses • The control of the education and training of students nurses/midwives and the post registration education and training of nurses/midwives • The ensuring of compliance within European Union Directives on nursing and midwifery. • The operation of the fitness to practise procedures • The provision of guidance to the profession. <p>Implicit in this remit is the protection of the public.</p> <p>New legislation governing the Board, the Nurses and Midwives Act, 2011 was signed into law on 21 December, 2011.</p> |
| <p>Key features of existing CPD scheme</p> | <ul style="list-style-type: none"> • The Code of Conduct for each Nurse and Midwife (An Bord Altranais, 2000), requires nurses and midwives to make a judgement as to whether they are competent to carry out a particular role or function and to take measures to develop and maintain the competence necessary for professional practice • The Board approves a range of post-registration courses for nurses and midwives and has full details of approved courses available on their website • The Board has established procedures since 1989 for initial and on-going approval of continuing education programmes • The Board operates an online CPD directory providing |

| | |
|---|---|
| | <p>access to over 850 approved in-service/CPD programmes across 14 different course groupings</p> <ul style="list-style-type: none"> • The Scope of Practice for Nursing and Midwifery (An Bord Altranais, 2000) supports the decision making of nurses and midwives linking their assessment of their own competence to performing a role/function. • There is currently no mandatory requirement to demonstrate professional competence to the Board. This will be a requirement with the commencement of Part 11 of the Nurses and Midwives Act, 2011. |
| <p>Definition of Continuing Education</p> | <p>An Bord Altranais defines continuing education as a lifelong process which takes place after the completion of the pre-registration nurse education programme. It consists of planned learning experiences which are designed to augment the knowledge, skill and attitudes of registered nurses for the enhancement of nursing practice, education, administration and research (An Bord Altranais, 1989, 1994 and 2011).</p> |
| <p>Current supports provided</p> | <ul style="list-style-type: none"> • The Education Department in An Bord Altranais provides information on all approved in-service and continuing education programmes on their website • An E-learning portal • Access to publications • FAQ section including information on forthcoming changes in relation to professional competence. • CPD Directory |
| <p>Provisions of the Nurses and Midwives Act, 2011</p> | <p>The provisions of the Nurses and Midwives Act, 2011, Part 11 Maintenance of Professional Competence, have not yet commenced. However, in preparation for the future the Board has undertaken some initial research in relation to guidance for and regulation of competence assessment within the area of nurse prescribers in Ireland.</p> <p>Once Part 11 of the Act has been commenced the Board will develop, establish and operate a scheme/s designed for the purpose of monitoring the maintenance of professional competence by registered nurses and midwives. There will be a statutory duty on registered nurses and registered midwives to demonstrate professional competence to the satisfaction of the Board.</p> |

| | |
|---|---|
| | <p>The Act also stipulates that there will be a duty on employers of a registered nurse or registered midwife to facilitate the maintenance of his or her professional competence by providing learning opportunities in the workplace.</p> <p>Failure by a registered nurse or registered midwife to demonstrate competence to the satisfaction of the Board may require attendance on a course/s or other activity which is necessary to satisfy the Board as to the competence of that nurse or midwife.</p> <p>The Board will also have the authority to refer nurses who fail to demonstrate competence to the satisfaction of the Board to the preliminary proceedings committee.</p> |
| <p>Approval Process for education programmes and units of learning</p> | <p>An Bord Altranais does not offer educational programmes or courses. It has, however, statutory responsibility to approve educational providers in respect of post-registration nursing and midwifery education programmes. This approval process involves two stages: the approval of the educational provider - utilising appropriate internal and external quality assurance criteria as determined by the relevant awarding bodies and the Requirements and Standards of An Bord Altranais (2010) and secondly, the approval of the post-registration nursing and midwifery education programmes/units of learning.</p> <p>Once approval has been granted it is maintained through annual monitoring and review. The educational providers must declare to An Bord Altranais through a self-declaration audit of compliance that their programmes/units of learning comply with the Requirements and Standards for Post-Registration Nursing and Midwifery Education Programmes, incorporating the National Framework of Qualifications, 2010.</p> <p>An Bord Altranais reserves the right to conduct an audit in respect of post registration education programmes submitted to it for approval.</p> |
| <p>Sources and further reading</p> | <p>An Bord Altranais www.nursingboard.ie Nurses and Midwives Act, 2011 http://www.irishstatutebook.ie/2011/en/act/pub/0041/index.html Nurses Act, 1985 http://www.irishstatutebook.ie/1985/en/act/pub/0018/index.html An Bord Altranais (2010) Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority, http://www.nursingboard.ie/en/publications_current.aspx An Bord Altranais (2011) Requirements and Standards for Post-</p> |

| | |
|--|---|
| | <p>Registration Nursing and Midwifery Education Programmes incorporating the National Framework of Qualifications http://www.nursingboard.ie/en/news-article.aspx?article=3fe2d1d9-2e9a-407c-9703-056b1a76ebbd</p> <p>An Bord Altranais (2000) Code of Professional Conduct for each Nurse and Midwife http://www.nursingboard.ie/en/publications_current.aspx?page=5</p> <p>An Bord Altranais (1994) The Future of Nurse Education and Training in Ireland http://www.nursingboard.ie/en/publications_current.aspx?page=6</p> <p>An Bord Altranais (2009) Kearns, T. (Editor), <i>A research project to explore the introduction of a national system to guide the competence assessment of registered nurse prescribers in Ireland</i>, Dublin, An Bord Altranais.</p> |
|--|---|

Chartered Accountants Ireland

| | |
|--|---|
| <p>About the organisation</p> | <p>Chartered Accountants Ireland was established as the Institute of Chartered Accountants in Ireland by Royal Charter in 1888. Its activities and those of its members are governed by its Bye-Laws and by Rules relating to professional and ethical conduct. Chartered Accountants Ireland is a member of the International Federation of Accountants (IFAC), a global standard setting organisation for the accountancy profession. The International Accounting Education Standards Board (IAESB) is an independent standard setting board within the IFAC which sets CPD standards for the industry. There are 21,000 members of Chartered Accountants Ireland.</p> <p>The Chartered Accountants Regulatory Board (CARB) is the regulatory body established by the Institute of Chartered Accountants in Ireland, in accordance with the provisions of the Institute's Bye-laws. CARB is responsible for developing Standards of Professional Conduct which include regulations and guidance for Continuing Professional Development for members in accordance with the standards set by the IAESB.</p> |
| <p>Key features of CPD scheme</p> | <ul style="list-style-type: none"> • Mandatory CPD for all members since 2008 • Revised Continuing Professional Development Regulations, effective since 1 April 2012 • Two approaches to CPD available to members who must decide which approach best suits them: <ul style="list-style-type: none"> • Input-based • Output-based • Compliance is monitored by an annual declaration by members confirming compliance and periodic review of CPD records by CARB. |
| <p>Definition of CPD</p> | <p>CPD is the means by which Chartered Accountants continue the process of lifelong learning and develop and maintain the level of competency necessary to provide the highest quality of service within their professional environment.</p> |
| <p>CPD policy</p> | <p>Members are obliged to maintain their professional competence in accordance with Section 130 of the Code of Ethics. The Continuing Professional Development Regulations (Regulations), April 2012, detail the nature and amount of CPD necessary to sustain competence.</p> <p>It is the responsibility of each individual member to undertake sufficient relevant CPD to keep up to date and maintain</p> |

| | |
|---------------------------------|---|
| | <p>competence. Due to the wide range of professional activities of the membership the Board allows the members and their professional firms to decide on the suitability of any development programme to their own circumstances.</p> <p>At the beginning of the year members select <u>one</u> of the following approaches:</p> <p>Input approach – this is based on a minimum requirement of 20 hours structured and 50 hours unstructured CPD per annum (measured on a three-year average but based on at least 20 hours structured or unstructured each year).</p> <p>Examples of structured CPD include: attendance at courses, conferences or network meetings; pre and post-course reading; interactive multi-media learning; in house training by a training organisation; research and lecture preparation; additional qualifications.</p> <p>Examples of unstructured CPD include: individual home study; network and focus groups; reading relevant materials</p> <p>Output approach – this requires a member to demonstrate maintenance and development of professional competence by means of achievement of outcomes. Members are required to undertake the following process:</p> <p>Step 1: Assess what is expected in current and future roles Step 2: Decide on development needs and goals and identify relevant CPD activities Step 3: Reflect on the effectiveness of the CPD activities in meeting the identified training and development needs Step 4: Keep records as evidence of outcomes.</p> |
| <p>Quality assurance</p> | <p>Each member is responsible for maintaining and retaining his/her CPD records. These records can be in any format (hard copy or electronic format) but should demonstrate that the member understands and complies with the Regulations. Records must be held for a minimum of five years.</p> <p>The monitoring of compliance with the Regulations will be achieved by:</p> <ol style="list-style-type: none"> 1. Submission of an annual declaration of compliance with CPD Regulations by all members, and, 2. Periodic inspection of the members CPD records by CARB. A member who is selected for audit (5 – 10% per |

| | |
|-----------------------------|--|
| | <p>annum) will receive an email requesting them to send in their records, including verification of each activity. The documentation will be checked and followed up with the member if there is need for more information.</p> |
| <p>CPD supports</p> | <ul style="list-style-type: none"> • Continuing Professional Development Regulations, April 2012, published by CARB • Guidance on Continuing Professional Development, updated August 2012, published by CARB • Templates are available to assist members in recording both input and output based CPD • Sample completed records for a range of member's practice areas • Chartered Accountants Ireland has an accreditation scheme for employers who follow a best practice approach to training and development and provide sufficient resources and opportunities for their employees to enable them to meet their CPD requirements. Accreditation follows an assessment process and results in the awarding of 'Employer Partner Organisation' • A wide range of CPD events and training (specialist, in-company, on-line) and publications are available to members of Chartered Accountants Ireland • Chartered Accountants Ireland provides a consultation service for members regarding CPD and preparing for audit (these consultations count as unstructured CPD). |
| <p>What if.....?</p> | <p>What's if a member does not demonstrate compliance with the Regulations?</p> <p>The member will be required to provide explanation and show how they otherwise meet the requirement to sustain their professional competence. Failure to provide this evidence can lead to a referral to the Quality Assurance Committee (Committee) in the first instance; to publication of the fact of their non-compliance; refusal, restriction or revocation of practising rights or licence or in cases of disciplinary of repeated or grave failure to disciplinary action. The Committee may also propose a regulatory penalty to a member.</p> |

| | |
|---|---|
| | <p>What if a member is retired and not carrying out any professional work? Such members are not required to carry out CPD.</p> <p>What if a member only works part time? CPD requirements are the same for members working part time.</p> <p>What if a member works abroad? Members working abroad have the same CPD requirements. They can avail of training and development opportunities in their host country, or avail of online training as well as the full range of unstructured activities. There are currently over 4,000 members working off the island of Ireland.</p> |
| <p>Sources and further reading</p> | <p>Chartered Accountants Ireland http://www.charteredaccountants.ie/</p> <p>Chartered Accountants Regulatory Board (CARB) http://www.carb.ie/</p> <p>International Federation of Accountants (IFAC) http://www.ifac.org/</p> <p>International Accounting Education Standards Board (IAESB) http://www.ifac.org/education</p> <p>Chartered Accountants Ireland (2012) <i>Chartered Accountants Regulatory Board Continuing Professional Development Regulations</i> http://www.carb.ie/</p> <p>Chartered Accountants Ireland (2012) <i>Chartered Accountants Regulatory Board Guidance on Continuing Professional Development</i> http://www.carb.ie/</p> |

Medical Council (Ireland)

| | |
|--|---|
| <p>About the organisation</p> | <p>The Medical Council of Ireland (Council) is the regulatory body for medical doctors in the Republic of Ireland. The Council's purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors.</p> <p>Part 11 of the Medical Practitioners Act, 2007 outlines the provisions of the professional competence scheme. The Act now places a legal requirement on doctors to maintain professional competence. Part 11 of the Act which came into effect on 1st May 2011, sets out three complementary duties:</p> <ul style="list-style-type: none"> • Doctors will maintain their professional competence on an on-going basis pursuant to a professional competence scheme and will cooperate with requirements set by the Medical Council; • The Health Service Executive and other employers of doctors will facilitate the maintenance of professional competence; • The Medical Council will satisfy itself as to the on-going maintenance of professional competence of doctors. To do this, it will establish Professional Competence Schemes. The Medical Council may make arrangements with bodies specially recognised for this purpose to assist it and will monitor and assess the performance of such bodies. Importantly, the Medical Council also has the power to make a complaint wherein it considers that the doctor has refused, failed or ceased to cooperate with the duty to maintain professional competence. |
| <p>Key features of the professional competence scheme</p> | <ul style="list-style-type: none"> • The maintenance of professional competence is mandatory for all registered doctors • Arrangements have been established between the Medical Council and post graduate training bodies for the establishment and operation of Professional Competence Scheme • Each doctor must enrol in the professional competence scheme which is most relevant to their area of expertise and day-to day practice |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Doctors are required to accrue a minimum of 50 credits per year across a number of CPD categories and one clinical audit per year • An annual statement based on the doctors participation in the professional competence scheme, is provided by the scheme in which a doctor is enrolled • The schemes will periodically request doctors to participate in a verification process, during which the doctor will be asked to provide evidence of participation in the recorded activities • Doctors are required to make an annual declaration, as part of the registration or retention process with the Medical Council, that they are engaged in the maintenance of professional competence • The Act also requires employers to facilitate the maintenance of professional competence. |
| <p>Definition of poor professional competence</p> | <p>Poor professional performance (as defined in the Act) means a failure by the practitioner to meet the standards of competence (whether in knowledge and skills or the application of knowledge and skills or both) that can be reasonably be expected of medical practitioners practicing medicine of the kind practiced by the practitioner.</p> |
| <p>CPD model</p> | <p>The Rules for the maintenance of professional competence requires doctors to enrol in a professional competence scheme that is relevant to their education, training, demonstrated competence and current practice. Thirteen post-graduate training bodies have been formally recognised to operate a range of professional competence schemes. The Medical Council has established a set of Standards for bodies operating professional schemes.</p> <p>Once enrolled in an appropriate scheme it is the responsibility of the individual doctor to maintain their professional competence in line with the Standards for the maintenance of professional competence, specified by the Council. The Standards describe the steps in the process for maintaining professional competence:</p> <ul style="list-style-type: none"> • Good Professional Practice – these standards are set out in a framework of competencies that include 8 domains of good professional practice • Planned on assessed needs |

| | <ul style="list-style-type: none"> • Diverse and relevant practice-based activities • Reflection and action • Documented and demonstrable. <p>A Framework for Maintenance of Professional Competence sets out the types and quantities of activities to be undertaken. The doctor is required to obtain a minimum of 50 credits per year through continuing professional development activity and one clinical audit per year.</p> <p>The range of activities and credits required in the Framework are:</p> <table border="1" data-bbox="470 705 1284 1086"> <thead> <tr> <th>Type of activities</th> <th>No of credits</th> </tr> </thead> <tbody> <tr> <td>External (maintenance of knowledge and skills)</td> <td>20*</td> </tr> <tr> <td>Internal (practice evaluation and development)</td> <td>20</td> </tr> <tr> <td>Research/teaching</td> <td>2 desirable</td> </tr> <tr> <td>Clinical audit (1 per year)</td> <td>1**</td> </tr> </tbody> </table> <p>*1 hour of input equates to 1 credit **1 clinical audit equates to 12 credits</p> <p>The scheme that a doctor is enrolled in facilitates the doctor to record participation in maintenance of professional competence activities, to attribute credits to the various activities and to monitor the accrual of these credits in line with the Standards. Doctors receive an annual statement of participation, including details of credits accrued, from their respective scheme.</p> | Type of activities | No of credits | External (maintenance of knowledge and skills) | 20* | Internal (practice evaluation and development) | 20 | Research/teaching | 2 desirable | Clinical audit (1 per year) | 1** |
|---|--|--------------------|---------------|---|-----|---|----|--------------------------|-------------|------------------------------------|-----|
| Type of activities | No of credits | | | | | | | | | | |
| External (maintenance of knowledge and skills) | 20* | | | | | | | | | | |
| Internal (practice evaluation and development) | 20 | | | | | | | | | | |
| Research/teaching | 2 desirable | | | | | | | | | | |
| Clinical audit (1 per year) | 1** | | | | | | | | | | |
| <p>Monitoring and assessment of scheme</p> | <p>Monitoring and assessment of professional competence schemes</p> <p>The Council is responsible for monitoring and assessing the professional competency scheme operated by the recognised postgraduate training bodies on an on-going basis in order to be able to assure the public and the medical profession that the structures in place are robust and fit for purpose. . The Arrangements, arising from Section 91(4) of the Act, agreed to by both the Medical Council and the thirteen recognised postgraduate training bodies, set out a requirement for bodies to submit, to the Medical Council annual reports in respect of the Professional Competence Scheme(s) that they intend to operate. On an annual basis the bodies are expected to submit the following reports to the Medical Council: Key Performance Indicators; Annual Operational</p> | | | | | | | | | | |

| | |
|------------------------------------|---|
| | <p>Plan and Activity, Governance and Financial Report.</p> <p>Verification of individual doctor by the recognised training bodies Schemes will request doctors selected for the verification process to provide further evidence in relation to the credits recorded on their portfolio.</p> <p>Monitoring and audit process of the Medical Council Doctors are required to confirm to the Council by way of an annual declaration that they are enrolled in and are complying with the requirements of a specific professional competence scheme. This is part of the annual registration retention process. The Council will ask some doctors to provide supporting documentation as part of an audit process.</p> |
| CPD supports | <p>The postgraduate training bodies: Provide examples, support and guidance on professional competence Provide an online portfolio which facilitates recording and monitoring of CPD activity and uploading evidence of CPD activity Act as direct providers of activities and also accredit activities provided by other individuals and organisations.</p> |
| Sources and further reading | <p>Medical Council of Ireland http://www.medicalcouncil.ie/ Medical Practitioners Act 2007 http://www.irishstatutebook.ie/pdf/2007/en.act.2007.0025.pdf Postgraduate Competency Schemes http://www.medicalcouncil.ie/Information-for-Doctors/Professional-Competence/Contact-Info-on-Schemes/Arrangement-doc.pdf Professional Competence Guidelines for Doctors http://www.medicalcouncil.ie/Information-for-Doctors/Professional-Competence/Professional-Competence-Guidelines.pdf</p> |

Pharmaceutical Society of Ireland (PSI)

| | |
|-----------------------------------|--|
| About the organisation | <p>The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act, 2007 (Act).</p> <p>The Act establishes the statutory responsibility of the PSI for the education, training and lifelong learning (including continuing professional development) of pharmacists on behalf of patients and the public in Ireland.</p> |
| Key features of CPD scheme | <p>The key features of the CPD model developed for pharmacists which is being rolled out from 2011 to 2015 are, as follows:</p> <ul style="list-style-type: none">• There is a mandatory requirement that pharmacists undertake appropriate CPD, including the acquisition of specialisation• The CPD model focuses on patient safety and patient outcomes, allowing for individual professional career development• The model is an outcomes-focussed, self-directed, reflective model• Reflection is based on the Core Competency Framework, developed by the PSI, within context of practice environment• There is flexibility to accommodate wide range of learning activities across the learning spectrum• Pharmacists are required to demonstrate a balanced range of activities over a period of 5 years• An e-portfolio will provide a structured template designed to assist pharmacists in recording, evaluating and demonstrating the maintenance of their professional competence• The Irish Institute of Pharmacy was established (2011) to oversee the management, support mechanisms and the commissioning of programmes of education and training on behalf of the PSI. The Institute will also contribute to pharmacy practice development initiatives.• Quality assurance will be based on a dual process – a CPD |

| | |
|---------------------------------|---|
| | <p>portfolio review system and a CPD peer-developed and peer-assessed Practice Review process.</p> |
| <p>Definition of CPD</p> | <p>A self-directed, on-going, systematic and outcomes focussed approach to learning and professional development. CPD includes but goes beyond continuing education.</p> <p>http://thepsi.ie/Libraries/Education/PSI_International_Review_of_CPD_Models.sflb.ashx</p> |
| <p>CPD model</p> | <p>In order to be accepted for continued registration, all pharmacists are required to sign a declaration on an annual basis that they undertake to 'maintain appropriate experience in the practice of pharmacy, keep abreast of continuing education and professional developments in the profession of pharmacy and undertake appropriate continuing professional development relevant to the practice of pharmacy'.</p> <p>The CPD model which was adopted by the PSI Council in 2010 followed an extensive international review (Review of International CPD Models, Pharmaceutical Society of Ireland, 2010). The model is focussed on improving patient safety and patient outcomes and ensuring universal competencies of practitioners in the interests of patient safety. The model allows for individual career development as specialist or advanced practitioners and facilitates innovation and development throughout the profession.</p> <p>The CPD model uses a portfolio-based approach that recognises all types of activities across the learning spectrum:</p> <ul style="list-style-type: none"> • Formal learning – this is learning that leads to certification and awarding of ECTS (European Credit Transfer System) • Non-formal Learning – this is organised and structured learning but does not lead to certification • Informal learning – this includes work-based, unstructured learning. <p>The pharmacist, with the aid of an e-learning portfolio, identifies his/her own learning and development needs through a critical reflective process and based on their particular professional practice. There are no points or accumulation of hour's requirements. The pharmacist's development should encompass a balanced range of learning activities from across the learning spectrum over a period of time, such as five years.</p> <p>The e-learning portfolio, which is being developed, will enable pharmacists to assess their learning needs, to track, record, evaluate and document their individual outcomes-based learning plan.</p> |

| | |
|---------------------------------|--|
| <p>Quality assurance</p> | <p>The PSI Council established the Irish Institute of Pharmacy (the Institute) in late 2011. The Institute’s role is to oversee the management and support mechanisms for CPD and the commissioning of education and training programmes in line with national policy and evolving healthcare needs. The Institute will also be responsible for quality assurance of a multiple provider system.</p> <p>The quality assurance system for CPD will involve two distinct stages:</p> <ol style="list-style-type: none"> 1. CPD Portfolio Review System 2. CPD Practice Review Process <p>Twenty per cent of registered pharmacists will be required annually to submit their portfolios to the Institute for validation of their on-going engagement with CPD. The Portfolio Review System will examine the development and maintenance of competencies in line with the Core Competency Framework for Pharmacists, approved by the PSI Council in 2012.</p> <p>In addition to the Portfolio Review system, a percentage of those selected for Portfolio Review will be required to undertake a Practice Review. This is a peer-developed process which involves a knowledge based component such as multiple choice questions and recreates patient facing scenarios designed to assess competency. The Practice Review system will only operate for pharmacists who have patient-facing roles.</p> <p>Finally, the PSI will carry out random audits on applications from pharmacists for continued registration.</p> |
| <p>CPD supports</p> | <p>The functions of the Institute include the:</p> <ul style="list-style-type: none"> • Development, operation and management of the CPD portfolios including post-review communication • Development and operation of the CPD practice review system together with an appropriate remediation system • Establishment of ‘incubator units’ to assist pharmacists with the new system and to inculcate peer supported learning and networks • Establishment of CPD website/helpdesk • Commissioning the development of CPD programmes (both formal and non-formal) |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Setting up an accreditation system for CPD programmes • Commissioning work to inform the CPD needs of pharmacists and the wider healthcare system. |
| <p>Sources and further reading</p> | <p>Pharmaceutical Society of Ireland http://www.thepsi.ie Pharmacy Act, 2007 http://www.irishstatutebook.ie/2007/en/act/pub/0020/index.html Irish Institute of Pharmacy http://www.thepsi.ie/gns/education/current-developments/IrishInstituteofPharmacy.aspx Pharmaceutical Society of Ireland (2010), <i>Review of International CPD Models</i>, Pharmaceutical Society of Ireland, Dublin, PSI http://thepsi.ie/Libraries/Education/PSI_International_Review_of_CPD_Models.sflb.ashx</p> |

The Royal Institute of the Architects of Ireland (RIAI)

| | |
|--|--|
| <p>About the organisation</p> | <p>The Royal Institute of the Architects of Ireland (RIAI) is the regulatory and support body for Architects and Architectural Technicians in Ireland. The RIAI has a statutory function as the registration body for architects in Ireland under the Building Control Act 2007.</p> |
| <p>Key features of CPD scheme</p> | <ul style="list-style-type: none"> • The RIAI Standard of Knowledge, Skill and Competence for Professional Practice provides the framework for CPD scheme • CPD is mandatory for registrants/members • 40 hours CPD activity is required each year • The RIAI recommends use of a cycle of self-assessment • CPD is supported by an online management and delivery system • There are annual compliance checks by RIAI using the online system • Detailed random audits of portfolios are carried out each year. |
| <p>Definition of CPD</p> | <p>“The systematic maintenance, improvement and broadening of knowledge and skill and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner’s working life”.</p> <p>(Source: RIAI Policy on CPD)</p> |
| <p>CPD policy</p> | <p>The mandatory CPD policy came into force for all RIAI members in October 2009.</p> <p>The RIAI Policy on CPD is informed by the Code of Professional Conduct, developed under a provision of the Building Control Act 2007. The Code of Professional Conduct requires architects to maintain and develop their professional knowledge and skill in all areas relevant to their practice to the standard established by the Registration Body. In addition, architects are required to raise their standards of excellence in relevant areas including architectural education, research, training, design, technology, construction methods and practice.</p> <p>The RIAI Standard of Knowledge, Skill and Competence for Professional Practice (Standard) describes the areas and levels of knowledge, skill and competence required of an architect at the professional level (i.e. capable of independent practice). The Standard provides a benchmark against which registrants/members can assess themselves and thereby identify areas for development. The Standard provides the framework for Continuing Professional Development.</p> <p>The RIAI requires a minimum level of CPD engagement. In the course of each year each registrant /member must accumulate a total of 40 hours of CPD activity, as follows:</p> |

| | |
|---------------------------------|--|
| | <ul style="list-style-type: none"> • Minimum of 20 hours structured CPD • Minimum of 20 hours unstructured CPD. <p>(1 hour of learning time = 1 CPD point)</p> <p>Structured CPD is a learning activity for which the learning outcomes are identified in advance. Examples include: relevant conferences, lectures, workshops; ‘CPD designated’ RIAI events; online seminars incorporating assessment; relevant courses/programmes run by recognised educational institutions; technical demonstrations; service on various committees; original research/publications; setting and marking examinations; participation in formal mentoring sessions or organised study groups.</p> <p>There is a limit to the number of hours that can be claimed for any one topic or any one activity. This limitation does not apply to someone who is completing a formal education programme or working towards a particular qualification.</p> <p>Unstructured CPD includes the following activities: reading relevant literature/RIAI e-bulletins; unstructured site visits or watching videos, TV, distance learning without assessment.</p> <p>In order to decide what CPD activity to engage with registrants/members carry out a self-assessment against the Standard and develop a CPD plan to ensure compliance with the standards. Once these standards have been met the member selects learning activities that reflect their organisational and personal needs and personal interests. All CPD activities, structured and unstructured, must be followed by a ‘reflection’ to be completed by the participant.</p> <p>A Cycle of Self-Assessment – Planning – Learning – Reflection – Self Assessment is available, recommended and supported by the RIAI CPD Engage system.</p> <p>RIAI CPD Engage is an online management and delivery system. It enables registered users to assess their CPD needs, plan a CPD strategy, record the activities undertaken and reflect on CPD activities.</p> |
| <p>Quality assurance</p> | <p>Compliance with the RIAI CPD requirements is mandatory.</p> <p>Registrants/members must keep records to demonstrate their compliance with the requirements using the online system. Members receive automatically generated notifications of their current CPD status. At the end of each cycle (cycle extends from beginning of October to end of September) the hours recorded for each member are</p> |

| | |
|-----------------------------|--|
| | <p>monitored automatically through online system.</p> <p>A proportion of CPD records are randomly selected for detailed audit each year. Registrants who are selected for audit are notified on 1 June and are required to submit their completed accounts for audit on CPD Engage by the deadline, 30 September, of that year. The monitoring function is carried out by a panel of experts under the supervision of the Registrar.</p> |
| <p>CPD supports</p> | <ul style="list-style-type: none"> • RIAI CPD Engage provides a centralised source including all the key information and tools members need to plan and undertake CPD effectively. It includes the Standards of Knowledge, Skill and Competences against which members should self-assess to plan their CPD • RIAI provide CPD courses, refresher courses and online resources for members • RIAI Network provides a forum for the industry to provide trade literature, guides, seminars etc. to the RIAI for assessment as suitable materials for CPD • CPD Advisory Committee • CPD support staff. |
| <p>What if.....?</p> | <p>What if a registrant does not meet the 40 hours CPD requirement? A person failing to achieve 70% of their CPD requirement by the cycle deadline of 30 September will have their CPD record display as “Incomplete” for that cycle. Registrants who have completed 70% of the full CPD requirement by the cycle deadline will be given a period of six weeks grace within which to complete their CPD requirement. Any person who by the grace period deadline has not achieved 100% of their CPD requirement will have their CPD record display “Incomplete” for that cycle.</p> <p>What if a member is returned as ‘Incomplete’ for a cycle? A member whose CPD record in ‘Incomplete’ at the end of the cycle will be asked to provide an explanation for non-compliance. Unless there is a good reason the matter will be referred to the Professional Conduct Committee. Sanctions open to the committee include censure, fines, suspension, conditions for continued registration and removal from the register.</p> <p>What if a member has been unable to work during the cycle for reasons such as maternity leave, carers leave, parental leave, sick leave or unemployment? It is sufficient for such members to complete 20 CPD (50% requirement) hours through structured and unstructured CPD.</p> |
| <p>Sources and</p> | <p>RIAI http://www.riai.ie/</p> |

further reading

RIAI Policy on CPD (update July 2011)
<http://www.riai.ie/uploads/files/RIAI%20CPD%20Policy%20July%202011.pdf>

RIAI Evidence Items for Structured CPD
http://www.riai.ie/uploads/files/Evidence%20Items%20for%20Structured%20CPD_15_02_11.pdf

Standard of Knowledge, Skill and Competence for Practice as an Architect, 2009
http://www.riai.ie/uploads/files/RIAI_Standard_Knowledge_Skill_Competence_Architect%281%29.pdf

Standard of Knowledge, Skill and Competence for Practice as an Architectural Technologist, 2012
http://www.riai.ie/uploads/files/RIAI_Standard_Knowledge_Skill_Competence_Architectural_Technologist_2010.pdf

Case studies 2: Regulatory bodies in international context

Australia

The Australian **Health Practitioner Regulation National Law, 2010 (National Law)** determines that 14 health professions are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

The **Australian Health Practitioner Regulation Agency (AHPRA)** supports the 14 **National Boards** that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public and to set standards and policies that all registered health practitioners must meet.

Under the National Law all registered health practitioners must undertake continuing professional development (CPD). CPD is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

The CPD requirements of each National Board are detailed in the Registration Standard for each profession. Some health professions also provide additional guidelines in their Codes and Guidelines.

Two examples of the continuing professional development registration standards of National Boards are presented below:

- Physiotherapy Board of Australia
- Psychology Board of Australia.

| Physiotherapy Board of Australia | |
|----------------------------------|---|
| Summary | <p>All registered physiotherapists must participate in continuing professional development that contributes to maintaining and improving their competence to practise in their chosen scope of practice. Registrants are required to maintain a portfolio that documents the CPD undertaken and records their reflections on the impact of learning on practice.</p> <p>A minimum of 20 hours CPD per year must be completed. A wide range of learning activities is acceptable as CPD. These include formal learning activities such as tertiary courses, accredited courses, conference attendance, undertaking or presenting research. It also includes non-formal and incidental learning, for example, reflecting on day-to-day activities, reading books or</p> |

| | |
|------------------------------------|---|
| | <p>journals, participation in committees, discussion with colleagues and internet research.</p> <p>The scheme is self-directed with each physiotherapist preparing a personal learning plan based on the identification of learning needs, preferred learning style, area of practice, length and breadth of post-graduate experience and job or workplace issues. The physiotherapist keeps a record of on-going activity including records of attendance at formal learning activities and a record of reflection and evaluation of non-formal and incidental learning.</p> |
| Quality assurance | <p>A declaration of compliance is required at the time of renewal of registration. The Board conducts an annual audit of a sample of registered physiotherapists. If selected for random audit by the Board the participant will provide the evidence of compliance with CPD requirements.</p> <p>Failure to meet the CPD requirements will lead to the Board taking appropriate action, which may include:</p> <ul style="list-style-type: none"> • A requirement to undertake further CPD or supervised practice, and/or • The imposition of conditions on registration, and/or • Disciplinary action. |
| Supports | <p>Guidance documents, FAQ's, template for continuing professional development portfolio and sample completed CPD portfolio are available on the website. Physiotherapists do not have to use the portfolio template provided on the Boards website</p> <p>Professional bodies and workplaces may provide portfolios that can be used for planning, recording and evaluating CPD activities.</p> |
| Sources and further reading | <p>Physiotherapy Board of Australia http://www.physiotherapyboard.gov.au/</p> <p>Physiotherapy Board of Australia, Continuing professional development registration standard http://www.physiotherapyboard.gov.au/Registration-Standards.aspx</p> <p>Physiotherapy Board of Australia, Guidelines for continuing professional development http://www.physiotherapyboard.gov.au/Codes-Guidelines.aspx</p> |

Psychology Board of Australia

Summary

The Continuing Professional Development Registration Standard requires registered psychologists to undertake CPD that is relevant to their area of professional practice. There should be clear learning objectives and a learning plan based on self-assessment of skills and knowledge.

Members must declare completion of the minimum requirement of 30 hours of CPD in the previous twelve months. CPD activities must comprise a minimum of 10 hours peer consultation and a minimum of 10 hours of 'active' (see below) CPD activities.

CPD for registered psychologists must be self-directed, practice based and designed to meet the changing needs of clients and respond to new developments in psychology. The majority of CPD hours must be within the endorsed area of practice, i.e. more than 15 hours. Where a psychologist works in more than one endorsed area then the CPD hours must be spread evenly over the areas.

CPD activities

A wide range of CPD activities is recognised for the purpose of meeting the standard. The individual psychologist must decide the relevance of each activity.

'Active' CPD refers to activities that engage the participant in active training through written or oral activities designed to enhance and test learning. Examples include, attending a seminar with a written test or reading article followed by completing an online assessment or giving an oral presentation to peers on a new topic in psychology.

Peer consultation means supervision and consultation in individual or group format for the purpose of professional development and support in the practice of psychology. Peer review must take place within the goals of the overall CPD plan and have an educational rationale for it. An example is a consultation with a peer or senior colleague, preferably on a face to face basis, with the aim and outcomes documented in a logbook.

CPD portfolio

Each member is required to maintain a CPD portfolio which should include, a learning plan with desired outcomes identified; a statement on how the CPD activities relates to the psychologists professional development; a record of CPD activities and a record of the relevance and content of each activity. Evidence of completion should also be maintained.

Quality assurance

Random audits are carried out by the Board. Members are notified in writing and requested to submit their CPD portfolio and supporting evidence. Failure to comply may lead to:

| | |
|------------------------------------|--|
| | <ul style="list-style-type: none"> • Refusal to renew registration, and/or • Imposition of a condition on registration, and /or • Requiring the registered psychologist to undergo a professional assessment • Requiring the registered psychologist to undergo and examination • Disciplinary proceedings. |
| Supports | <p>The Board provides a number of resources including guidelines for practitioners, sample portfolios, log sheets and sample completed logs.</p> <p>Professional organisations and other bodies also provide portfolios which are acceptable once they allow the member to meet the standard.</p> |
| Sources and further reading | <p>Psychology Board of Australia http://www.psychologyboard.gov.au/ Psychology Board of Australia, Continuing professional development registration standard http://www.psychologyboard.gov.au/Standards-and-Guidelines/Registration-Standards.aspx Psychology Board of Australia, Continuing professional development guidelines http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx</p> |

Canada

The regulation of health professions in Canada is organised on a provincial basis, not federally. Under provincial legislation, most health professions in Canada are self-regulating. Self-regulatory authorities, called 'Colleges' (Ontario, British Columbia) or 'Orders' (Quebec), are governed by members of the profession and government appointed public members. The mandate of all regulatory authorities is to protect the public through setting minimum education and competency requirements, assessing applicants for registration, monitoring and enforcing standards of practice and safe care, and setting guidelines and requirements for continuing competency. This case study looks at examples of regulation and specifically quality assurance with respect to continuing education in Ontario.

Ontario

The **Regulated Health Professions Act, 1991 (RHPA)**, provides a framework for regulating the scope of practice of 21 health professions in Ontario, by their respective regulatory Colleges. The Colleges are not teaching colleges but self-governing bodies established by law to regulate the professions. For example the College of Pharmacists regulates all of the pharmacists in Ontario and the College of Psychologists regulates all the psychologists.

The Colleges mandate is to protect the public's right to safe, effective and ethical health care. CPD comes under the area of quality assurance in the Act. Section 80.1 of the RHPA states:

"a quality assurance program prescribed under section 80 shall include,

- a. continuing education or professional development designed to,
 - i. promote continuing competence and continuing quality improvement among the members,
 - ii. address changes in practice environments, and
 - iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- b. self, peer and practice assessments; and
- c. a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program."

The Quality Assurance programmes of the two Colleges are summarised below:

- College of Dietitians of Ontario
- College of Medical Laboratory Technologists of Ontario

College of Dietitians of Ontario

Summary

The College of Dietitians of Ontario became a regulatory body in 1993. Its mandate under the Regulated Health Professions Act, and the Dietetics Act, is to regulate the profession of dietitians in Ontario in the interest of the public and public protection. The Quality Assurance Regulation (O. Reg. 181/99) sets out the Colleges Quality Assurance (QA) Programme in accordance with the RHPA.

All members of the College, regardless of their area of practice or employment status are required to participate in the QA programme.

The components of the QA are:

- Self-Assessment and Professional Development, accomplished through the Self-Directed Learning (SDL) Tool and the Jurisprudence Knowledge and Assessment Tool (JKAT)
- Peer and Practice Assessment and Remediation.

The **Self-Directed Learning (SDL) Tool** enables the Registered Dietitian (RD) to reflect on the nature of their practice and their professional competence, to evaluate their learning plan from the previous year and to assist in the development of a learning plan to enhance specific areas of competence for the coming year. Every RD must complete and submit this web-based assessment annually. Members are required to retain a copy of their completed SDL Tool for a period of five years.

The **Jurisprudence Knowledge and Assessment Tool (JKAT)** is an online knowledge acquisition and assessment tool designed to improve the dietitian's knowledge and application of laws, standards, guidelines and ethics relevant to the practice of the profession. The learning tool is regularly updated and the test questions (scenarios and multiple-choice questions) are designed to ensure the dietitian can apply the knowledge in practical situations. The JKAT is a mandatory requirement for all members of the College and is designed as a low-stakes knowledge acquisition and assessment tool to provide a self-directed way for members to keep up to date with the laws that affect the practice of dietetics in Ontario. Three versions of the JKAT are available. The member selects the version most suited to their area of practice.

The **Peer and Practice Assessment** is designed to evaluate whether the knowledge and skills of the RD meet the standards set out in the *Essential Competencies for Dietitians in Canada*. The assessments also serve to reassure the public that RDs practice safely, competently and ethically and helps RDs to improve their competence in a supportive environment. Each year a random sample of 9-10% of RDs is selected for Peer and Practice Assessment and they must co-operate with this request. Members who have not complied with the other QA obligations, such as the SDL Tool or the JKAT are also required to participate in this process. There are two steps to the

| | |
|------------------------------------|---|
| | <p>assessment:</p> <p>Step 1 involves a multi-source feedback which uses collects information about the RD's practice from peers, colleagues and patients (if applicable) by means of a validated survey. An RD who falls below an acceptable standard will progress to Step 2.</p> <p>Step 2 involves behaviour based interview conducted by a peer assessor. This includes a chart review if the dietician provides direct patient care.</p> |
| Quality assurance | <p>Members of the College are required to submit their SDL Tool by October 1st each year. A late fee applies where the deadline is missed. Members are also required to complete the JKAT each year. Members who are unsuccessful in the JKAT on the third attempt are required to submit a learning plan indicating how they plan to improve their knowledge. They will be required to take the test again the following year.</p> <p>Between 9 and 10% of members are selected annually for Peer and Practice assessment. Failure to fulfill the terms of the peer and practice assessment may be considered as professional misconduct.</p> |
| Supports | <ul style="list-style-type: none"> • Web-based Self-Directed Learning Tool • Web-based Jurisprudence Knowledge and Assessment Tool (General, Clinical or Private Practice versions available) • Member page with guidelines for completing the SDL Tool and JKAT • College Practice Adviser and Quality Assurance Manager available to help members to improve knowledge in jurisprudence. |
| Sources and further reading | <p>College of Dieticians of Ontario http://www.cdo.on.ca/en/college/default.asp College of Dieticians of Ontario, Quality Assurance Regulation http://www.cdo.on.ca/en/pdf/BylawsRegs/Regulations/QualityAssurance.pdf College of Dieticians of Ontario, Professional Standards for Dieticians in Canada http://www.cdo.on.ca/en/pdf/publications/ProfessionalStandardsforDieticians.pdf</p> |

College of Medical Laboratory Technologists of Ontario (CMLTO)

| | |
|----------------|--|
| Summary | <p>The statutes under which the College of Medical Laboratory Technologists of Ontario (CMLTO) are the <i>Regulated Health Professions Act, 1991</i> and the <i>Medical Laboratory Technology Act, 1991</i>.</p> <p>Every registered medical laboratory technologist (MLT) makes a commitment to continuous quality improvement. A Quality Assurance Committee at CMLTO is responsible for the development and</p> |
|----------------|--|

| | |
|---------------------------------|---|
| | <p>maintenance of a QA program for MLTs.</p> <p>Components of this program include:</p> <ul style="list-style-type: none"> • Professional Portfolio • Practice Review • Professional Practice Learning Programme • Competence Evaluation. <p>The Professional Portfolio is an online self-directed, self-reflection tool. It is mandatory for every MLT to maintain the Professional Portfolio. A minimum of 30 hours of continuing education must be completed annually. Members are not restricted to any specific types of learning experience but they are recommended to engage in at least three different types of learning activities and to reflect the relevance of the chosen activity. Random audits are conducted throughout the year. The online Professional Portfolio has structured sections on scope of practice, learning goals and space to evaluate and record professional development activities.</p> <p>Practice Review is a mandatory component of the QA programme of the CMLTO. Its purpose is to provide an objective assessment of a member's professional practice. Members are randomly chosen for Practice Review. It involves answering 25 questions, online, related to the CMLTO standards of practice and the application of professional knowledge, skill and judgement. Questions include case scenarios to test application of knowledge, skill and judgement. Members have 30 days to complete the Practice Review assessment. Results are scored and feedback provided.</p> <p>A Professional Practice Learning Programme comprising five web-based modules is available to members to use in preparation for the Practice Review assessment.</p> <p>Competence Evaluation is a process which assesses a member's knowledge, skill and judgement in the specialities in which the member is registered. Competence Evaluations are carried out at the behest of the Quality Assurance Committee if it is of the opinion that the member's knowledge, skill or judgement is unsatisfactory.</p> |
| <p>Quality assurance</p> | <p>Every member is required to complete a Professional Portfolio each year and completion is declared at time of renewal of membership. Members are required to keep their records for the previous two years. Members are randomly selected for Professional Portfolio audits which take place throughout the year. Upon request members have 30 days to submit their Professional Portfolio.</p> |

| | |
|---|---|
| <p>Supports</p> | <ul style="list-style-type: none"> • Web-based Professional Portfolio – mandatory completion required • Practice guidelines – provide best practice advice and information for MLT intended to support the exercise of their professional development • Learning modules – resources to assist MLT in preparation for Practice Reviews • Professional Enhancement Programmes, these are programmes available to MLTs who are working towards higher qualifications or those who prefer a structured approach to professional development. |
| <p>Sources and further reading</p> | <p>College of Medical Laboratory Technologists of Ontario http://www.cmlto.com/index.php?option=com_content&view=article&id=1374&Itemid=292 College of Medical Laboratory Technologists of Ontario, Professional Portfolio http://www.cmlto.com/images/stories/About_CMLTO/CollegePrograms/QA/ProfessionalPortfolio/pp_sept_2010_ver%203.0_pdf_fillable.pdf</p> |

Health and Care Professions Council - UK

| | |
|--|---|
| <p>About the organisation</p> | <p>The Health and Care Professions Council is an independent, UK-wide regulator established under the Health and Social Work Professions Order, 2001. Its duty is to protect the public and it does this by maintaining a register of professionals who meet their standards for training, professional skills, continuing professional development, behaviour and health. Sixteen professions are currently regulated by the HCPC.</p> |
| <p>Key features of CPD regulation</p> | <ul style="list-style-type: none"> • The HCPC sets standards for CPD • All registrants must undertake CPD to remain registered • The registrant is responsible for ensuring the CPD activities they undertake are relevant to their work and scope of practice and that they meet the HCPC standards • Registrants confirm that they meet the standards when they renew their registration • The system is based on the outcomes of learning not on a number of hours, days or credits. • The selection of CPD activities is based on a flexible approach which takes into account opportunities for CPD in the workplace, relevance to current and future roles, preferred learning style and the context in which the registrant works • A random sample of registrants from each profession is audited annually to ensure that registrants meet the standards • A registrant selected for audit is required to complete a CPD profile and submit it, together with supporting evidence, to the HCPC. |
| <p>Definition of CPD</p> | <p>'A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice'.</p> <p>(Allied Health Professions Project, Demonstrating Competence through CPD', 2002)</p> |
| <p>CPD policy</p> | <p>CPD is an important part of registrants' continuing registration with the HCPC. Registrants are expected to continue to develop their knowledge and skills while they are registered so that the HCPC and the public can be confident that they are able to practise safely and effectively.</p> <p>The HCPC standards for CPD require each registrant to:</p> |

1. maintain a continuous, up-to-date and accurate record of their CPD activities
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery
4. seek to ensure that their CPD benefits the service user, and
5. upon request, present a written profile (which must be their own work and supported by evidence), explaining how they have met the CPD standards.

(Continuous Professional Development and Your Registration, HCPC)

To comply with the Standards a registrant is required to maintain a personal, complete and up-to-date record of the CPD activities undertaken. Registrants are required to complete a range of learning activities that are relevant to their 'scope of practice' and meet their current and/or future needs. 'Scope of practice' is defined as the area in which the registrant has the knowledge, skills and experience to practise lawfully, safely and effectively in a way that meets the Standards and does not present any risk to the public or themselves.

The HCPC does not specify the number of hours or credits to be accumulated. Each registrant must decide the nature and quantity of learning activities that are most suited to their current and future work, their individual learning style, the time available to them and the learning activities available near where they live. The bottom line is that the registrant aims to improve the way they work and that it benefits service users. Individual registrants will identify who their service users are, for most it will be patients, for others it will be students or teams of staff. In all cases the registrant is required to work out how their CPD benefits the service users.

The HCPC recognises a wide range of CPD activities for the purpose of meeting the standards. Appropriate activities include:

- **Work based learning** (e.g. reflecting on experiences, considering feedback from service users, being a member of a committee ...)
- **Professional activity** (e.g. membership of a specialist interest group, teaching, supervising others, presenting a paper at a conference ...)
- **Formal education** (this can include taking or giving a course)
- **Self-directed learning** (e.g. following up something on the internet, reading relevant journals, reviewing books or articles ...)
- **Other activities** (including public service ...).

| | |
|---------------------------------|--|
| <p>Quality assurance</p> | <p>A percentage of registrants are randomly selected for CPD audit at the time of renewing their registration. Currently 5% of registrants in a given profession are selected for audit at renewal time, which is on a bi-annual basis.</p> <p>Registrants who are selected for audit are asked to complete a CPD profile. The CPD profile, a pro-forma for which is supplied by the HCPC, requires the registrant to show how they meet the CPD standards. This profile is completed using the information kept in the professionals personal CPD record and includes:</p> <ul style="list-style-type: none"> • a written summary of their practice history for the past two years (max 500 words) • a written statement identifying how they have met the standards (max 1500 words) • written evidence to support their statement. <p>The profile is sent to the HCPC, in hard-copy or on-line, together with the supporting evidence. Following an initial check of the profile, to ensure that all relevant documents are supplied, two CPD assessors will assess the profile. At least one of the assessors will be from the same section of the Register as the registrant being assessed. The assessor's role is to advise whether the registrant has met the standards or not. Registrants can appeal against a negative decision and the appeal is submitted to a Registration Appeal Panel of the Council. Only registrants who have been on the register for more than two years are liable to audit. This is because the profile will include CPD activity over the previous two year period.</p> |
| <p>CPD supports</p> | <p>The HCPC website contains the following information:</p> <ul style="list-style-type: none"> • Policy and guidance documents for registrants • Profile template for CPD audit • Sample completed profiles across the professions • CPD evidence examples • CPD activity examples • FAQ's. <p>Professional bodies organise range of seminars and courses for members.</p> |
| <p>What if.....?</p> | <p>What s if a registrant fails to meet the requirements for CPD?</p> <p>The Education and Training Committee of the Council has the right to refuse to renew a registrant's registration or may direct the Registrar to remove the registrant from the Register.</p> |

| | |
|---|--|
| | <p>Is CPD linked to fitness to practise? There is no automatic link between CPD and fitness to practise. However, if a registrant's actions in relation to CPD amount to misconduct (such as making a false declaration in relation to CPD) this will lead to fitness to practise being investigated.</p> <p>What if a registrant only works part-time? All registrants irrespective of whether they work full-time, part-time, job-share or on a locum basis are required to meet the standards, if they wish to remain registered and use the protected title.</p> <p>What if a registrant's profile does not meet the CPD standards? If the assessors are not satisfied that the CPD standards have been met the registrant will be sent an assessment report explaining why and ask for further information in relation to the standards that have not been met. A deadline will be given for the provision of the additional information.</p> <p>What is meant by 'continuousCPD' in Standard 1? As a guide the HCPC suggests that the registrant undertakes at least one CPD activity every two months. Gaps in CPD activity of three or more months should be explained by the registrant.</p> |
| <p>Sources and further reading</p> | <p>Health and Care Professions Council (HCPC) http://www.hpc-uk.org/ HCPC, Standards for continuing professional development http://www.hpc-uk.org/aboutregistration/standards/cpd/ HCPC, Continuing professional development and your registration http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf Allied Health Professions Project, Demonstrating competence through CPD, 2002 http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4071458</p> |

Health Professions Council of South Africa (HPCSA)

| | |
|--|---|
| <p>About the organisation</p> | <p>The Health Professions Council of South Africa (HPCSA) is a statutory body, established in terms of the Health Professions Act, 1974. The Council, together with the twelve Professional Boards that operate under its jurisdiction, is committed to:</p> <ul style="list-style-type: none"> - promoting the health of South Africa's population, - determining standards of professional education and training, and - setting and maintaining fair standards of professional practice. <p>The Professional Boards represent the following professions: dental health and oral hygiene; emergency care; medical and dental; dietetics and nutrition; medical technology; occupational therapy, medical orthotics/prosthetics and arts therapy; optometry and dispensing opticians; physiotherapy, podiatry and biokinetics; radiography and clinical technology; speech, language and hearing; psychology, and environmental health.</p> |
| <p>Key features of CPD regulation</p> | <ul style="list-style-type: none"> • The HCPSA CPD Committee together with the Professional Boards is responsible for the development of a uniform but flexible system of CPD, designed to accommodate the diversity of the health professions under its remit • Each registered health professional is required to engage in CPD and to accumulate 30 Continuing Education Units (CEUs) in each 12 month period • A minimum of 5 CEUs should be for ethics, human rights and medical law • CPD activities are provided by accredited service providers (higher education institutions, professional bodies) and other service providers who must be approved in advance by 'Accreditors' appointed by the relevant Professional Board • Health professionals are required to maintain a record of their learning activities and to document them on a form provided by the HPCSA • There are three levels of learning activities - those with non-measurable outcomes, those with measurable outcomes but do not constitute a full year of earned CEUs and those associated with formally structured learning programmes • A health professional can accumulate CEUs at any level depending on personal circumstance and individual learning needs • The CPD system is based on trust. The HCPSA believes that health professionals will commit to meeting the CPD requirements in the |

| | |
|---------------------------------|---|
| | <p>belief that their patients/clients will reap the benefits of on-going learning, and personal and professional development</p> <ul style="list-style-type: none"> • Random compliance checks of CPD are carried out by the HCPSA. |
| <p>Definition of CPD</p> | <p>Continuing Professional Development (CPD) is “the means for maintaining and updating professional competence, to ensure that the public interest will always be promoted and protected, as well as ensuring the best possible service for the community. CPD should address the emerging health needs and be relevant to the health needs of the country.”</p> <p>(Health Professions Act, 1974)</p> |
| <p>CPD policy</p> | <p>Health professionals are required to complete a number of accredited learning activities each year. The learning activities are grouped into three categories and represent a hierarchy of learning:</p> <ul style="list-style-type: none"> • Level 1 activities do not have a measurable outcome and are presented on a non-continuous basis. Examples include a breakfast meeting, an inter-departmental briefing or case study discussion, a special purpose lecture or attendance at a conference/symposium. • Level 2 activities include teaching, training, research or publications work. Each activity earns a certain number of CEUs, for example reviewing an article or chapter of a book equates to 3 CEUs, co-presenting or co-authoring a paper at a conference equate to 5 CEUs while being the principal presenter/author of the paper equates to 10 CEUs. • Level 3 activities comprise structured learning opportunities, for example a formal programme offered by an accredited institution, which is evaluated and has a measurable outcome. Successful completion of an activity at this level will earn 30 CEUs. Level 3 activities include: <ul style="list-style-type: none"> • postgraduate degrees and diplomas • short courses with clinical hands-on training • A learning portfolio - this documents a practitioners learning and development in a structured, reflective manner. There is no set format for the learning portfolio but it should contain a compilation of evidence that demonstrates that learning has taken place • A practice review - this involves the systematic review of aspects of patient care and outcomes and compares this |

| | |
|---------------------------------|--|
| | <p>against specific criteria. Appropriate changes to practice are implemented and system put in place to monitor the results.</p> <p>Each health professional is required to engage in CPD and accumulate 30 CEUs, in a twelve month period, with at least five CEUs coming from studies in ethics, human rights and medical law. Health professionals receive a certificate of attendance for each activity they have attended and keep these for at least two years. Health professional is required to maintain a record of their learning activities and document these on an official HPCSA Individual CPD Activity Form. This form should document all CPD activity for the previous 24 months.</p> <p>This record will be submitted if the health professional is selected for compliance check in the random audit process.</p> |
| <p>Quality assurance</p> | <p>There are two groups of service providers:</p> <ol style="list-style-type: none"> 1. Accredited service providers are profession specific higher education institutions and professional associations who comply with regulations for accredited service providers, HPCSA CPD Committee's criteria and guidelines. 2. Other groups/bodies that seek to be approved as service providers and present CPD activities must be approved in advance by profession specific Accreditors, designated by the Professional Board. They must comply with regulations for service providers, HPCSA CPD Committee's criteria and guidelines. <p>The individual health professional:</p> <p>The HPCSA Individual CPD Activity Record is available in paper copy or electronic format. Individual health professional are required to maintain a record of all CPD activity completed during the previous 24 months. Information included for each activity includes the name and number of registered service provider, the topic of the activity, the level of the activity, the number of CEUs and the attendance or completion date. This is the only record data required of individual health professionals and should be submitted to the HPCSA if selected in the randomly selected audit process.</p> <p>Health professionals are required to have an attendance certificate for each activity completed/attended and to keep these for at least two years.</p> <p>HPCSA compliance checks</p> <p>The CPD section of the HPCSA randomly selects individual health professionals for compliance checks every two months. The sample size depends on the number of professionals on the register. Health</p> |

| | |
|-----------------------------|--|
| | <p>professional are required to submit the required document within 21 working days. The outcome of the compliance check is submitted to the HPCSA CPD Committee and the Professional Board for further action, if any.</p> |
| <p>CPD supports</p> | <ul style="list-style-type: none"> • Website • Links to Professional Boards • Continuing Professional Development Guidelines for health professionals, service providers and accreditors • HPCSA Individual CPD Activity Record (paper and online versions) • FAQ's • Information on non-compliance with CPD • Information on clinical audits and learning portfolios |
| <p>What if.....?</p> | <p>What if the health professional is found to be non-compliant in the audit process? The CPD section will automatically afford the health professional six months extension during which time they can attempt to become compliant. After six months they will be audited again.</p> <p>What if the health professional is found to be non-compliant after the six month extension period? The name of the professional will be submitted to the relevant Professional Board for action, which might include:</p> <ul style="list-style-type: none"> • Changing the category of registration to Supervised Practice, until proof of compliance with CPD requirements is submitted • Successfully passing a Board examination • Suspension from the register until proof of compliance is submitted • Any other resolution by the relevant professional board. <p>What s if the health professional does not submit their portfolio as requested? The health professional will be regarded as non-compliant and a letter will be sent requesting a reason for not responding to the audit. The health professional will be given a further 21 days to submit a letter of explanation or his/her CPD portfolio. If an acceptable explanation is furnished and accepted then the health professional will be given 6 months to comply with the CPD requirements.</p> |

| | |
|---|--|
| | <p>What if a health professional still does not submit their portfolio when audited after the 6 month period?</p> <p>A letter will be sent to the health professional informing him/her that if the portfolio is not received within 21 days then the health professional will be suspended from the register, which means that he/she may not perform any duties related to his/her profession. The health professional will then have to apply to be restored to the register by completing an application form and pay a restoration fee. The health professional will be audited after a year of restoration to ensure compliance with CPD requirements.</p> <p>What happens to a health professional who is registered in the non-clinical practice register in relation to CPD?</p> <p>Health professionals registered in the non-clinical practice register are exempted from complying with Continuing Professional Development.</p> |
| <p>Sources and further reading</p> | <p>Health Professions Council of South Africa (HPCSA) http://www.hpcsa.co.za Health Professional Act, 1974 http://www.hpcsa.co.za/downloads/health_act/health_act_56_1974.pdf HPCSA, Continuing Professional Development Guidelines for the Health Care Professions, January 2011 http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf HPCSA, Individual CPD Activity Record http://www.hpcsa.co.za/downloads/cpd/overview/form_cpd1_iar.pdf HPCSA, Learning Portfolios http://www.hpcsa.co.za/downloads/cpd/activities/learning_portfolio.pdf HPCSA, Outline for the Clinical Practice Audit Process http://www.hpcsa.co.za/downloads/cpd/activities/clinical_audit_guidelinessept_2010.pdf</p> |

Case studies 3: Survey of professional bodies of the 12 designated professions

| Professional Body | Voluntary or mandatory CPD? | Brief description of current CPD scheme | Quality assurance of CPD scheme | On-going developments |
|---|-----------------------------|--|---|--|
| 1. Academy of Medical Laboratory Sciences | Voluntary | CPD involves a 3-year cycle. Participants are required to accumulate 150 points during that time, with a compulsory element of an essay or a case study, plus a minimum of 3 MCQ's. Participants are required to keep records of all CPD activities. | The Academy produces a list of points available for CPD activities. Members log their points in an electronic CPD file. | Continuous review and improvement of online CPD programme. |
| 2. Association of Clinical Biochemists of Ireland | | | | Pilot phase of development of a formal scheme for CPD underway. |
| 3. Association of Optometrists Ireland | Mandatory | Practising members are required to demonstrate achievement of 30 CPD points (14 contact points and 16 non-contact points) over a rolling two-year period. Non-practising members must demonstrate 20 CPD credits over the same | Records of CPD credits recorded online. Details of members who fail to achieve required number and type of credits are passed to the Council and membership may not be renewed. Exemptions may be sought and there is | AOI is moving towards CPD for certain core competencies over time. |

| | | | | | |
|----|---|-----------|--|--|--|
| | | | period. CPD points are awarded for approved events. | an appeals process. | |
| 4. | Association of Occupational Therapists of Ireland | Mandatory | Members required to engage in, reflect on and to keep records of CPD activities, which should be relevant to current and evolving scope of practice. 6 categories of CPD activities. Points awarded for each activity. | Customised CPD folder for members. 5% files audited annually by Audit Committee. Ultimate sanction for non-compliance is revocation of membership of AOTI. AOTI does not accredit or approve courses. | CPD points system to be launched in near future. Updating of CPD folder ongoing. |
| 5. | British and Irish Orthoptic Society | | | | No information available. |
| 6. | Institute of Chiropodists and Podiatrists | Voluntary | Members are required to complete 3 CPD activities each year. Guidelines on selection of activity provided. | Customised CPD folder provided to members. Random audit of CPD folders takes place. Members who fail to meet the standard are given one academic year to rectify the situation. All CPD given by university personnel. | Continuous review by parent body in UK. |
| 7. | Irish Association of Dispensing Opticians | Mandatory | Members must provide evidence of accumulation of 21 CPD points over a 3-year period. | All courses approved in advance for CPD purposes. Failure to meet requirements results in loss of membership. | |
| 8. | Irish Association of Orthoptists | Voluntary | 40 hours of CPD recommended in a 3-year period. Categories | Members can access the resources, such as online | |

| | | | | | |
|-----------|---|-----------|---|---|---|
| | | | of activity specified. No monitoring of compliance in place. | record keeping, from the British and Irish Orthoptic Society. | |
| 9. | Irish Association of Social Care Workers (IASCW) | N/A | No scheme at present. | No scheme at present. | In process of appointing CPD officer. |
| 10 | Irish Association of Social Workers (IASW) | Voluntary | Members complete CPD log, provided by the IASW, over 2-year cycle to achieve 100 CPD points. Min 20 points in area of supervision and 30 points for new skill development. | Logs of members reviewed by CPD committee. Submission of logs is voluntary. IASW reviews courses offered to social workers and allocates CPD points. | CPD policy under review. CPD officer recently appointed. |
| 11 | Irish Association of Speech and Language Therapists | Mandatory | Members are required to engage in 30 hours CPD each year. Broad range of activities recognised (professional activities and self-directed learning). Evidence of reflection and implementation of learning must be recorded in CPD log. | Random sample (10%) of CPD logs audited annually. Completed CPD log to be submitted. Failure to submit log will result in automatic suspension of membership of IASLT. Procedure for accreditation of short courses in place. | CPD log and guidelines reviewed and updated in 2012. CPD Project Manager in place since 2009 to promote and support CPD. Guidelines for unemployed, new graduates produced. E-learning under investigation. |
| 12 | Irish Chiropodists/Podiatrists Organisation Ltd. | Voluntary | Seminars organised for members on new and existing topics. Certificates of completion or participation provided to attendees. | Prof body organised seminars. No QA of members' participation. | CPD under discussion. |

| | | | | |
|--|--|---|--|--|
| 13 Irish Institute of Radiography and Radiation Therapy (IIRRT) | Voluntary | Outcomes based, reflective model. Members formulate Personal Development Plan (PDP) and identify CPD activities to address needs. | 5% of member's portfolios reviewed annually. CPD subcommittee reviews courses offered by professional body and other providers. | Recently launched electronic portfolio for members. This development will facilitate remote monitoring. CPD officer appointed. |
| 14 Irish Nutrition and Dietetic Institute | Voluntary, moving to mandatory in 2015 | New system (implementation date, 2013) - based on assessment of needs and identification of a range of learning activities to meet the needs, followed by personal reflection. Minimum 15 hours CPD annually or 75 hours over a 5-year cycle. | Random selection of CPD plans and summaries checked annually. Small sample will undergo full audit of portfolio by audit committee. No sanctions in place at present for non-compliance. | New CPD system to be introduced in 2013. Redevelopment of CPD portfolio underway. |
| 15 Irish Society of Chartered Physiotherapists | Voluntary | Members are responsible for accruing 100 CPD points (1CPD equates to 1 hour) over a 3-year cycle. A broad range of formal and informal CPD activities are recognised. | Members are responsible for monitoring their CPD needs and activity. A CPD folder is provided by the ISCP. Random annual audit of % of files is carried. Feedback provided to members. | Mandatory CPD will be introduced in 2013. A new ISCP course approval system has recently been launched. |
| 16 Pre-Hospital Emergency Care Council | No current scheme | New system under development which will involve a mandatory element and choice of additional materials. | Proposal is for random audit of 5% of participants. | Development of a Continuous Professional Competence model |

| | | | | |
|--|---|---|---|---|
| 17 Psychological Society of Ireland | Mandatory for PSI Registered Members | Combination of input and output model. 120 credits over 3-year cycle (40 credits per annum). Members self-assess needs and select appropriate activities. Followed by reflection and application of learning. Wide range of CPD activities recognised. Online CPD log submitted electronically. | All members submit log at end of 3-year cycle. All checked and sample selected for detailed review. PSI has procedures for organisations to apply for credits for CPD events and short courses. Pro-rated CPD requirements for psychologists not working full-time. | ongoing. Ongoing review. Exploring enhanced electronic CPD log. |
| 18 Society of Chiropractors and Podiatrists of Ireland | Currently voluntary but mandatory under discussion. | No formal scheme. Members access relevant courses and conferences in UP as well as workshops and short courses in Ireland. | No auditing of CPD at present. | Formal mandatory scheme desired. CPD Officer for three Podiatry/Chiropractic bodies appointed. CPD log to be developed. |

List of Acronyms

| | | |
|--------------|--|-----------------|
| ACBI | Association of Clinical Biochemists in Ireland | Ireland |
| AHPRA | Australian Health Practitioner Regulation Agency | Australia |
| AMLS | Academy of Medical Laboratory Science | Ireland |
| AOI | Association of Optometrists Ireland | Ireland |
| AOTI | Association of Occupational Therapists of Ireland | Ireland |
| BIOS | British and Irish Orthoptic Society | Ireland |
| CARB | Chartered Accountants Regulatory Board | Ireland |
| CE | Continuing Education | All |
| CEU | Continuing Education Unit | All |
| CMLTO | College of Medical Laboratory Technologists of Ontario | Ontario, Canada |
| CORU | Health and Social Care Professionals Council | Ireland |
| CPD | Continuing Professional Development | All |
| HCPC | Health and Care Professions Council | United Kingdom |
| HPCSA | Health Professions Council of South Africa | South Africa |
| HPRAC | Health Professions Regulatory Advisory Council | Ontario, Canada |
| IADO | Irish Association of Dispensing Opticians | Ireland |
| IOCP | Institute of Chiropodists and Podiatrists | Ireland |
| IAESB | International Accounting Education Standards Board | International |
| IASCW | Irish Association of Social Care Workers | Ireland |
| IASLT | Irish Association of Speech and Language Therapists | Ireland |
| IASW | Irish Association of Social Workers | Ireland |
| IFAC | International Federation of Accountants | International |
| IIRT | Irish Institute of Radiography and Radiation Therapy | Ireland |
| INDI | Irish Nutrition and Dietetics Institute | Ireland |
| ISCP | Irish Society of Chartered Physiotherapists | Ireland |
| PHECC | Pre-Hospital Emergency Care Council | Ireland |
| PSI | Psychological Society of Ireland | Ireland |
| PSI | Pharmaceutical Society of Ireland | Ireland |
| QA | Quality Assurance | All |
| RIAI | Royal Institute of the Architects of Ireland | Ireland |

Appendix 1

Questionnaire for Designated Professions on Current CPD Provision

Note: The term Continuing Professional Development (CPD) is used throughout this questionnaire. We recognise that organisations may use other terminology such as continuing education, continuous professional development or professional competence.

1. Contact details

| | |
|---------------------------|--|
| Name of professional body | |
| Address | |
| Website address | |
| Contact person | |
| Job title | |
| Phone number(s) | |
| Email address | |

2. CPD policy

- a. Does your organisation currently have a policy on Continuing Professional Development (CPD) for members?
Yes/No (delete as appropriate)

If yes, please provide the following information:

- b. What term does your organisation use for continuing professional development/education/competence?

- c. How does your organisation define CPD?

d. Is CPD mandatory or voluntary for members? Please provide details.

3. CPD in operation

a. Please provide a description of the requirements and operation of the CPD scheme in your organisation.

b. How does your organisation monitor/assess compliance with the requirements of the CPD scheme?

c. What procedures and/or sanctions are in place when a member does not meet the requirements of the CPD scheme?

4. Quality assurance of CPD courses/programmes

a. How does the professional body assure the quality of CPD programmes offered by the professional body?

b. How does the professional body assure the quality of CPD programmes available to members by organisations/institutions/agencies external to the professional body?

5. Supports for members

- a. What supports does the professional body have in place to assist members in relation to meeting CPD requirements, e.g. CPD log/folder/online record management, sample completed records of CPD activities, online resources, links to accredited CPD providers?

6. Reviews/developments

- a. Please outline any on-going reviews or new developments in relation to CPD in your organisation.

7. Documentation/links

- a. Please include details of documentation and relevant links that support the completion of this questionnaire.

7. Any other comments

Thank you for your assistance. Your contribution will be acknowledged and referenced in the report.

[End]